

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/521806

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		1		/			52						
3		2		/			53						
4		3		/			54						
5		4		/			55						
6		5		/			56						
7		6		/			57						
8		7		/			58						
9		8		/			59						
10		9		/			60						
11		10		/			61						
12		11		/			62						
13		12		/			63						
14		13		/			64						
15		14		/			65						
16		15		/			66						
17		16		/			67						
18		17		/			68						
19		18		/			69						
20		19		/			70						
21		20		/			71						
22		21		/			72						
23		22		/			73						
24		23		/			74						
25		24		/			75						
26		25		/			76						
27		26		/			77						
28		27		/			78						
29		28		/			79						
30		29		/			80						
31		30		/			81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	1	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	29	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			30				TOTAL CLAIMS						